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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Together with the

REPORT

of the

PUBLIC HEALTH INSPECTOR

1959

S T A F F



Medical Officer of Health

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SWAFFHAM RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1959.

Mr. Chairman,
Ladies and Gentlemen,

I have the honour to present the annual report for 1959 as follows.

The health of the community depends on conditions which are related to current economic and social circumstances. With changes in living standards new health problems arise and old problems lose their importance or acquire new significance. By way of illustration let us consider the changes which have taken place during the last 50 years.

At the beginning of the century, life expectancy was 50 years for men and 53 for women, in 1955 the corresponding figures were 68 and 78. One third of the causes of death were due to infectious disease, today the proportion is less than one-fifteenth. In 1938 there were 311 deaths from scarlet fever and 2861 deaths from diphtheria. In 1958 the total number of deaths from both diseases was 12. To take another example, there were 2383 deaths from whooping cough in 1941 compared with 27 in 1958.

At the beginning of the century, the danger to the health of the community arose chiefly from recurrent outbreaks of water-borne infectious diseases such as cholera and typhoid originating from the insanitary conditions so prevalent at that time. These were replaced by diseases resulting from inadequate nutrition such as rickets which has almost disappeared since the advent of the Welfare State. Today the important social illnesses are Peptic Ulcer, Coronary Thrombosis, Diabetes and a variety of neuroses, in other words, illnesses which are known to be associated with stress, which is what we would expect when we consider the increased tempo of life today compared with years ago.

The early Medical Officers of Health were often Consultants in Infectious Diseases Hospitals because it was thought that their specialised knowledge would be most useful to the community. With the passing by Parliament of numerous Acts aimed at improving social welfare, the duties of the M.O.H. have increased to embrace a much wider field, in fact he has recently been defined as a "Consultant in Omniscience."

Today life is more complex and fast, more alcohol and tobacco are consumed and the standard of living for most people is better than ever before as shown by the increasing number of cars on the road, T.V. sets in the home and the increasing amounts of H.P. commitments taken out by the public.

What then are the community problems of today? Many would seem to arise directly from this increased prosperity and from an undue emphasis on the importance of materialistic values to the exclusion of all others.

Juvenile Delinquency has increased from 13,000 cases in 1913 to 38,000 in 1956 and the eight deaths from diphtheria which occurred in 1958 equals the number of people killed by violence every three hours of the day and night in England and Wales. Why should there be this emphasis on violence? There would appear to be a lack of discipline and of self denial, a tendency to do less and less work for more and more pay. The cry today is for more leisure. What is the use of this leisure if it cannot be put to proper use? We all know of the tradesman or odd-job man who is prepared to use his leisure time doing a variety of jobs to earn extra money. Such activity defeats the whole purpose of leisure which should be a change mentally and physically from everyday work.

Good food in plenty, adequate shelter and clothing, congenial work and a sense of security play a most important part in the promotion of health but it is a mistake to imagine that the Welfare State is the complete answer to every problem. Today more housewives than ever before are going out to work and while there can be no doubt that in some cases this is a necessity,

there are many more where the additional income is used in an attempt to "Keep up with the Jones." Sooner or later someone must suffer and in my opinion where there are children, that "someone" is always the child. No substitute can replace the position of the mother in her home and no job can compete with the satisfaction of running a happy home. Children require security and affection in addition to material care. The child returns to an empty house, there is no-one to listen to his tales of the day, and the housewife rushing home from work, often weary and dispirited, has only time to prepare a quick snack instead of good family meals.

Much has been said about the dangers of T.V. In my opinion the great danger of T.V. is its insidious ability to stifle individual thought and activity. The human brain often has an inherent laziness. Most of us know how much easier it is to read a sensational Novel than an Advanced Text Book but once the initial effort has been made, the process of learning becomes more easy and just as an athlete can train his muscles to reach peak condition, so can the brain be trained to reason and memorise. Vision is the easiest form of impression and while some T.V. Programmes are educational, there is no doubt that the majority are designed to stifle all individual constructive thought. This has been defended on the grounds that they have public appeal a sad reflection on the intellect of the public.

There has been a similar change in the causes of mortality of the younger age group. Infectious and respiratory diseases which were the main cause of death 50 years ago have been reduced and replaced by congenital and hereditary defects and various forms of heart disease whilst in adolescence. Typhoid and Tuberculosis have been replaced by Accidents on the roads and at home. In 1959 there were 6,026 deaths from road accidents and 4,558 deaths from various other accidents compared with 5,439 and 4,613 in 1958. Accidents kill more children over 1 year old than any disease in Western Countries. The main causes of accidents in the home are :-

1. Falls, chiefly among the elderly
2. Poisoning
3. Burns
4. Suffocation, especially of children under 5 years. This usually results from the use of plastic bags and bibs which are accidentally inhaled. They become adhesive when moist and obstruct the respiratory tract. Some deaths are caused by allowing babies to feed themselves from a bottle. The feed is regurgitated and passes into the respiratory passages. Many accidents result from the use of electric fires and from linoleum which becomes wet and slippery in bathrooms. Mirrors over fireplaces are also dangerous. All fires should have a guard; medicine and household poisons should be kept under lock and key and electrical repairs left to experts.

The National Death Rate for various forms of Cancer has again increased from 19,820 in 1958 to 21,063 in 1959, of which 18,181 were men and 2,882 women. We do not know the reasons for this increase, some of which is undoubtedly due to better methods of diagnosis. In 1957 the Medical Research Council issued a statement on "Tobacco Smoking and Cancer of the Lung" in which the main conclusions were as follows:-

1. There has been a great increase in the past 25 years in the deaths from lung cancer in Gt. Britain and other countries.
2. A small proportion of the increase can be attributed to specific industrial hazards.
3. A small proportion of the increase can be attributed to atmospheric pollution.
4. The major part of the increase is associated with tobacco smoking, especially cigarettes.
5. Several carcinogenic substances have been identified in tobacco smoke. The age groups 45 - 64 have the highest mortality.

In addition recent work has shown that women who smoke heavily during pregnancy have smaller babies than those women who abstain.

Coronary Thrombosis. This is the great epidemic disease of modern times. There were 84,920 deaths in 1959 of which 52,192 were male and 32,728 females compared with a total of 84,041 in 1958. It has a special importance in that it often kills men at the height of their careers. The disease is more common among the overweight, sedentary, professional and executive class. Investigations have shown a relationship between coronary thrombosis and lack of exercise. It was found that the incidence of the disease was more common in 'bus drivers than in 'bus conductors who are on their feet all day. It is well known that patients confined to bed especially after surgical operations tend to get thrombosis of the veins in the leg. One of the factors involved would appear to be an increase in the blood viscosity due to lack of exercise. A common example of the "Coronary Type" is the overweight, overworked executive who rides in his car to his offices, sits at his desk all day, has a heavy "expense account" luncheon, then rides back to his home. Probably he is a heavy smoker and drinker. Part of the increase in cases of coronary thrombosis is undoubtedly due to the increasing number of car owners who use their car on the slightest pretext. Where possible, the car should be left in the garage and the owner should walk to work, thus obtaining regular exercise which increases blood circulation and lessens the risk of clotting. Much has been said about the relationship of coronary thrombosis and the excess consumption of animal fat. The exact relationship has not yet been proved, but it is of interest to note that the Israelites were forbidden to eat no manner of fat, "of ox, or of sheep or of goat." (Leviticus Chap.7, verses 22-24).

Regular exercise and moderation in diet would appear to be the best way of reducing the incidence of coronary thrombosis.

Food Poisoning. Although general outbreaks tend to fall, family outbreaks (same family) are still high throughout the country.

There is now a wide variety of processed foods available, prepared under excellent conditions in modern factories but they require intelligent handling and storage. Foods which do not require cooking can easily become contaminated and it is important to read the instructions on the labels of foods which have been processed or partly prepared as the directions are related to the amount and kind of treatment it has had and the storage it needs. Special care is required in summer regarding the length of storage. Bacteria multiply quicker in warm weather and the food may appear wholesome to all intents and purposes.

The most important preventative measure is handwashing before handling food. Food should never be left in a warm kitchen or warm oven to cool slowly. It should be protected against flies which circulate between food, faecal matter and refuse, carrying myriads of bacteria on their feet. Diseases carried by flies include diarrhoea, poliomyelitis, typhoid and dysentery.

Wounds and sores should be covered with a waterproof dressing to prevent bacteria from such wounds reaching food which provides an ideal culture medium.

The time is approaching when a refrigerator should be regarded as a necessity and not a luxury.

1 case of food poisoning in Swaffham Rural District was reported during the year.

Problem Families

Every community has long been aware of a core of families needing a disproportionate amount of care, supervision and help. They have been defined as families presenting an abnormal amount of subnormal behaviour over long periods with a marked tendency to backsliding. Either or both of the parents are often unstable or ineducable characters. Such families resist every effort at rehabilitation. The number in the country varies between 1 family per 1000 and 3 per 1000. The causes are uncertain, defects of intelligence, character and temperament combined with neglect and poor upbringing play an important part. The children are often reasonably well fed and the family may be happy and affectionate.

In this area, Case Conferences are held under the Chairmanship of the County Council Children's Officer. Representatives of Welfare, Home Help Organisation, Probation Services, N.S.P.C.C., National Assistance Board and the

District Medical Officer attend. Each case is discussed and information pooled. Acting on this, a co-ordinating officer is appointed to visit the family as it is felt that too many visitors to the house may cause resentment by the family.

This is a National Problem, without constant supervision these families soon deteriorate, but the main difficulty is due to shortage of staff. Any help given should stimulate, not demoralise. Sometimes rehousing may help but there may be an understandable reluctance to provide this. It is agreed that eviction should be avoided at all costs. Apart from the high cost of maintaining an evicted family in a County Council home, there is the harmful effect on the child of seeing his world destroyed and the family broken up.

Pulmonary Tuberculosis

There has been a marked decrease in the number of deaths from this disease in England and Wales. In 1950 the number of deaths from this disease was 14,079 and in 1958 the corresponding number of deaths was 3,999.

With advances in chest surgery and chemotherapy, tuberculosis is becoming the least serious of the chronic diseases. A personal experience may illustrate this change. In 1952 I worked at a large sanatorium in the North West. The waiting list for a bed apart from emergency cases was then approximately nine months. When I left in 1954 there was no waiting list and I understand that now many of the wards are being used to treat other chronic chest conditions. However, the list of notifications continues to be high, due in some measure to the increasing number of chest X-rays being taken for various purposes. The main problem today is the detection of the undiagnosed pool of chronic tuberculosis people, especially elderly males who are often regarded as "Chronic Bronchitics".

Miniature Mass Radiography and Community X-ray surveys play an important part in finding these cases.

During the year a scheme of B.C.G. Vaccination of school leavers was carried out in the area. Briefly, the scheme involves a preliminary injection to determine which group are considered to be susceptible to Tuberculosis. This group is then offered further vaccination with an attenuated vaccine.

The vaccine is also offered to all tuberculin negative contacts of known cases by chest physicians.

Details of B.C.G. scheme in Health Division No.6 are given below:-

Total number eligible	1212
Number tested	356
Number vaccinated	269
Acceptance rate	29.5%
% requiring vaccination	75%

No. of cases on the register during past three years

Year	Respiratory T.B.			Non-Respiratory TB			Grand Total
	Male.	Female.	Total.	Male.	Female.	Total.	
1959	12	11	23	2	1	3	26
1958	14	9	23	3	2	5	28
1957	16	10	26	3	2	5	31

1 Male and 3 Female cases of pulmonary T.B. were notified for the first time in 1959.

Infectious diseases.

During the past year the number of cases of poliomyelitis notified in England and Wales has shown a welcome decrease. No cases were notified in Swaffham Rural District. This reduction is even more satisfying after the exceptional summer of last year when conditions for the multiplication of the virus could have been considered to be most favourable. Whilst it is early to calculate

all the factors responsible for this reduction, immunisation against poliomyelitis undoubtedly plays an important part. The immunisation figures for diphtheria and smallpox continue to be disappointing. Nowadays, as a result of press publicity, poliomyelitis and tetanus have acquired a certain notoriety and diphtheria and smallpox have been relegated to a place in the background. In my view this is a misinterpretation of facts. No one of these diseases is more important than the other, granted Diphtheria and Smallpox are rare but rarity is a direct result of immunisation measures. Once the immunity level of the population falls, diphtheria can return and there is no more serious illness in a child. 34 cases were notified in England and Wales in the quarter ending 31st December 1959. Tetanus is still a very rare disease, for example in 1957 there were 19,028 deaths from Cancer of the Lung and only 46 deaths from tetanus in England and Wales! In Norfolk which has a high ratio of incidence in proportion to other parts of the country there was one case of Tetanus per 65,000 population. Smallpox is kept under control by strict vigilance at air and sea ports and by vaccination of all known contacts.

The conclusion is obvious. Immunisation to be complete must include protection against diphtheria, whooping cough and smallpox and not only those diseases which reach the news headlines.

Immunisation is painless and without after effects. Each of the 3 injections required confers protection against tetanus and whooping cough which is still a serious childhood disease.

155 cases of infectious disease were notified in Swaffham Rural District in 1959. Details are given in Table XI.

Milk and Dairies Regulations 1949

Since 1949 the district has been a specified area in which only specially designated milk may be sold, i.e. pasteurised, tuberculin tested or sterilised milk but there is always the possibility that milk from untreated cows may be drunk by the owners or their employees or members of their families. Vice versa, milk can be infected by milkers and it is important that the health of the milkers should be satisfactory. Milk produced under clean conditions can transmit many diseases such as tuberculosis, scarlet fever, typhoid fever, dysentery and undulant fever; the latter, known also as Brucellosis, can cause prolonged illness and absence from work although the mortality is low. Officers of the County Public Health Department carry out routine bulk sampling of herds and milk from an infected animal has to undergo some form of heat treatment which kills the responsible organisms before being allowed for sale.

Restrictions were placed on the sale of untreated milk found to contain Brucellosis from 3 herds. These restrictions were withdrawn from 2 herds before the end of the year.

General Administration of the Health Services

Thetford Municipal Borough, Swaffham Rural and Urban Districts and Wayland Rural District together constitute Health Division No.6 for the purpose of carrying out these duties which are the responsibility of the Norfolk County Council under Part III of the National Health Service Act. Such services include the following :-

- The care of Mothers and Young Children.
- Vaccination and Immunisation.
- Home Nursing and Midwifery.
- Domestic Help
- Mental Health.

Some services are the responsibility of the Area Medical Officer who is also responsible for certain duties under the Education Act and who in addition, is Medical Officer of Health to the four County District Councils. The Local Health Office is at Tanner Street, Thetford. (Tel.No.Thetford 3286). There are nine Health Visitors and nine Midwives who attend 16 centres throughout the area (details can be obtained from the local health office). A doctor attends clinics where there is an attendance of 25 or over.

Vaccination and Immunisation. This is carried out by the County Health Authority and by Local General Practitioners.

Some figures giving details of immunisation against Poliomyelitis may be of interest.

<u>Age Group</u>	<u>Number of persons vaccinated with three doses (to 31.12.59)</u>
Pre school children	882
School children	5306
Expectant Mothers	210
15 - 25	466
 Total (Health Div.No.6)	 <u>6858</u>

Ambulance Service - This is operated by the St. John Ambulance Brigade and the British Red Cross Society, by arrangement with the County Council.

National Assistance Act (1948)

No cases were dealt with under Section 47 of this Act.

NORFOLK COUNTY COUNCIL SERVICES

Welfare Services - administered by Norfolk County Council

OLD PEOPLE'S WELFARE

Old People's Clubs

There are now 8 Old Peoples Clubs within the Swaffham Urban and Rural Districts, Ashill, Bradenham, Hilborough, (including Bodney and Gt. Cressingham), Holme Hale, Necton, North Pickenham, Sporle and Swaffham. These Clubs are run by voluntary committees, and are all affiliated to the Norfolk Old Peoples Welfare Committee to which the Norfolk County Council makes an annual grant. All the clubs apart from initial grants from the N.O.P.W.C. and National O.P.W.C. are largely self supporting. Continual efforts are made to form Clubs in other parishes the main difficulty being a lack of people willing to form a committee. Even in these parishes local organisations are often responsible for arranging summer outings and Christmas Parties for the older residents.

Chiropody

For the past three years, through the good offices of the Swaffham U.D.C. and officials of the Swaffham Old Peoples Club, it has been possible to arrange regular treatment for members of all clubs in the area. A grant of 2/6d per treatment is made by the Norfolk County Council. This was the first scheme of this nature run on an area basis in the County, and has proved really beneficial.

Hostel and County Home Accommodation

There is an ever increasing demand for this type of accommodation. Initial applications and medical recommendations are obtained by the Local Welfare Officer for transmission to the County Social Services Officer who is responsible for the allocation of vacancies.

MENTAL HEALTH

Since 1948 the Local Welfare Officers, in their capacity as Duly Authorised Officers, have worked in close co-operation with the Mental Hospitals serving the area. Duties include the completion of Social Histories on admission, Follow-up Reports and After Care visits. The Swaffham district comes within the catchment area of St. Andrews Hospital, Thorpe, for all Lunacy and Mental Treatment Act cases, whilst Mental Deficiency Act cases are normally admitted to Little Plumstead Hospital.

An increasing number of patients are now admitted to hospital under an "Informal Basis", although until the full implementation of the Mental Health Act 1959 certification in the old sense is still possible. The Mental Health Act 1959 embodies both Lunacy, Mental Treatment, and Mental Deficiency Acts, and when fully implemented will involve new procedure and terminology.

Psychiatric Social Clubs have been formed at Norwich and Kings Lynn where ex-patients can meet in a happy social atmosphere as a further step towards complete rehabilitation in the community.

Increased provision for the care and training of Mentally Handicapped children has been made. Facilities now exist for children to attend the Junior Training Centre at Kings Lynn, Swaffham Day Occupation Centre, and the Adult Social Group at Watton, whenever suitable. In addition Home Teachers are available to instruct children and Adults in their own homes, whilst the Local Welfare Officer makes periodic visits to advise and assist in any problems arising. In a number of cases temporary care has been provided to enable parents to take a holiday, or where an unexpected emergency has arisen.

HOME HELP SERVICE

This service has had an increasing demand since 1948, and there are now approximately 47 cases receiving the assistance of Home Helps in the Swaffham area (Swaffham alone 15), and 28 Home Helps employed. This is not a domestic service and is only provided where some medical necessity exists. The provision of this service does in many cases enable the householder to carry on in his/her own home where otherwise hospital or other accommodation would be necessary.

WELFARE OF PHYSICALLY HANDICAPPED

The Swaffham St. Raphael Club for Physically Handicapped Persons, formed in March 1956, continues to flourish and now has a membership of 70. The voluntary committee, representative of many organisations in the town, has had the invaluable support of the Swaffham R.D.C., U.D.C. and their Officers, besides tremendous support from individuals and local organisations. In addition to the many social activities, which have included seaside holidays subsidised by the Norfolk County Council, considerable progress has been made in the field of Occupational handicrafts. A Further Education Class, provided by the Norfolk Education Committee, resulted in several members being trained successfully in the art of net making which they now carry out in their own homes.

GENERAL WELFARE

The Local Welfare Officer is always available to advise and assist in matters of general welfare, and has a "Contact Point" at Swaffham Town Hall every Wednesday afternoon. Close liaison is kept with all branches of social service such as Ministry of Pensions and National Insurance, National Assistance Board, Regional Hospital Boards, voluntary organisations etc. Where it is not possible to give direct help or advice the problem can often be diverted to the proper authority.

An extremely wide field of welfare is involved including amongst others, family problems, marital breakdowns, threatened evictions, problem families etc.

The Future

At the beginning, I attempted to show very briefly the changes which have taken place in Public Health during the past 50 years. What are the problems of the immediate future?

1. The Elderly

Firstly, I think the change in age structure of the population will be a major problem. There are now three million more persons over 70 than in 1900 and by 1975 according to the Registrar General, the number of persons over 65 will have increased by two millions and will represent 1 in 7 of the total population. 13% of males and 17% of females over 65 years are aged 80 and above. Loneliness is one of the main problems. 400,000 old persons were living alone in 1951. The re-housing of younger members of the community makes it difficult for them to visit or to live near their aged relatives. Many elderly persons require nursing and domestic help from the community. Old Age Pensioners can be classified in three main groups :-

1. Those able to look after themselves
2. Those requiring a certain amount of help
3. Those confined to bed.

The main illnesses affecting the elderly are arthritis, circulatory troubles, malnutrition and mental deterioration.

2. Radioactivity

After every series of atomic explosions there is a rise in the atmospheric content of radioactive substances especially of strontium 90. This is carried as dust by air currents and deposited on grass, from there to milk and from milk to humans. Prolonged exposure to radiation is known to cause certain diseases, e.g. leukaemia and some bone tumours. The danger is that we do not know the minimum threshold dose. Radiation injury is the only known injury that can be passed to descendants.

Radio Active contamination is not mentioned in the Food and Drugs Act of 1955 which is the main Act dealing with Food Hygiene standards although the Radio Active Substances Act which received the Royal Assent in June 1960 requires, among other things, registration of all users of radioactive materials and of premises where such materials are kept.

3. Noise

It is scarcely necessary for me to draw your attention to the alarming increase in noise during the past years. Our ears are assailed on all sides by a variety of noise from industries, road traffic and aircraft. Continued exposure to noise often leads to deterioration in hearing. In the United States hearing loss due to industrial noise has been admitted as a proper claim for compensation. It is always difficult to prove that a certain noise is prejudicial to health. Proper planning is part of the answer and noisy industries should be sited away from housing sites.

In conclusion I would like to state that many of the details given in this report represent many hours of work by the staff of the Public Health Dept: of the Council and of the Local Health Office in Thetford, and I take this opportunity of expressing my thanks to them for their efforts and co-operation.

SUMMARY OF VITAL STATISTICS.

The Estimated Mid-Year Population was 9,160, a decrease of 70 over the previous year.

180 live births of which 10 were illegitimate were registered during the year compared with 164 in 1958.

The Birthrate was 19.8 per 1000 population compared with 17.8 in 1958. (That for England and Wales was 16.5).

There was 1 stillbirth giving a still birth rate of 0.1 per 1000 population, and a stillbirth rate per 1000 total live and stillbirths of 5.5 (That for England and Wales was 20.9).

The total number of deaths, 94, shows little change from the figure of 97 recorded in 1958, giving a death rate of 10.2 per 1000 estimated population. (That for England and Wales was 11.6).

There was one infant death under one year giving an Infant Mortality Rate of 5.5 per 1000 total live and stillbirths (England and Wales 22.0). The cause of death was congenital deformity of the kidneys.

No maternal deaths occurred during the year. There were seven deaths from notifiable diseases.

The Birth Rate was, therefore, somewhat higher and the death rate about equal for the remainder of the country.

TABLE 1. Comparability Tables for 1959

	<u>England and Wales</u>	<u>Norfolk</u>	<u>Swaffham R.D.C.</u>
Birthrate per 1000 population	16.5	17.06	19.8
Stillbirthrate per 1000 total births	20.9	21.9	5.5
Deathrate per 1000 population	11.6	11.86	10.2
Infant Mortality rate per 1000 live births	22.2	19.01	5.5

Vital Statistics.

	1959	1958
Estimated Mid-Year Population by Registrar General	9160	9230
Area (in acres)	93216	93216
Number of inhabited houses		
Council Houses	1013	
Other "	<u>2227</u>	3107
Rateable Value	£63,265	£60,609
Produce of Penny Rate (to March 1960)	£248.8.1.	£233

BIRTHS

Table II. Live Births

	Male	Female	Total
Legitimate	94	76	170
Illegitimate.	2	8	10
Total	<u>96</u>	<u>84</u>	<u>180</u>

The Birthrate per 1000 estimated population = 19.8
 " " " " " " (England & Wales) = 16.5

The comparability factor, the ratio of the national to local fertility index = 1.06

% of illegitimate live Births to total live Births = 5.6

Table III. Stillbirths

	Male	Female	Total
Legitimate	0	1	1
Illegitimate	0	0	0
Total	<u>0</u>	<u>1</u>	<u>1</u>

The total number of live and stillbirths in 1959 was, therefore 181

Stillbirths and neonatal deaths (i.e. deaths under 4 weeks) are still the main causes of deaths of infants under 1 year. The main causes of stillbirths are the toxæmias of pregnancy and birth injury during labour. It would appear that skilled ante-natal and obstetrical care plays an important part in keeping these deaths at a low level.

Table IV. A summary of the population, births and birthrates and stillbirths during the past five years is given in Table IV

Table IV

	1959	1958	1957	1956	1955
Estimated Population	9160	9230	9210	9000	8710
Total Births	181	164	169	151	125
Birthrate per 1000 population	19.8	17.8	18.3	16.8	14.4
Total Stillbirths	1.0	4.0	4.0	3.0	3.0
Total Stillbirth rate per 1000 estimated Population	0.1	0.4	0.4	0.3	0.3
" " " " " total births	5.5	23.8	23.1	19.5	23.4

Infant Mortality, (deaths of children under 1 year)

There was 1 infant death of a legitimate child giving an Infant Mortality Rate of 5.5 per 1000 live Births.

The legitimate infant death rate per 1000 legitimate live Births = 5.8

Illegitimate death rate per 1000 legitimate live Births = nil

Illegitimate " " 1000 illegitimate " " = nil

Neonatal Mortality Rate (deaths under 4 weeks per 1000 Live Births) = 5.5

Infant Mortality (Contd)

Early Neonatal Mortality Rate (deaths under 1 week per 1000 total
Live Births) = 5.5

Perinatal Mortality Rate (Stillbirths and deaths under 1 week
combined per 1000 total Live & Still
Births) = 11.0

Table V. Infant Deaths and Infant Mortality Rate for Swaffham R.D.C. during the past 5 years

	1959	1958	1957	1956	1955
Total No. Infant Deaths under 1 year	1	3	3	4	3
Infant Mortality Rate per 1000 births	5.5	18.3	17.8	26.5	24.0

There has been a steady decline in the Infant Mortality Rate from 138 at the beginning of the century to 22.0 in 1959 for England and Wales. It differs from the general death rate in that it is related to a single age group, that of infants under 1 year, and is an important measure of the health of the community and its social environment.

The main causes of deaths between 4 weeks and 12 months were due to various types of infection. Although there has been such a great reduction, there has not been the same improvement in infant deaths under 4 weeks as that of the older groups. The main causes of death in this age group are Prematurity, Birth Injuries, and Congenital Malformations, i.e those causes relating to Birth and Pregnancy which, in turn, are directly related to skilled Ante Natal and Obstetric Care.

MORTALITY

Table VI Gives details of the deaths and deathrate for Swaffham Rural District during the past 5 years.

Table VI

	1959	1958	1957	1956	1955
Total Deaths	94	97	90	74	85
Deathrate per 1000 population	10.2	10.5	9.8	8.2	9.8

Table VII Gives the causes of death and sex distribution for 1959 (from the Registrar General's Short List.

TABLE VII

<u>Registrar General's List No.</u>	<u>Cause</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1.	Tuberculosis, respiratory			
2.	Tuberculosis, other			
3.	Syphilitic disease	1		1
4.	Diphtheria			
5.	Whooping Cough			
6.	Meningococcal Infections			
7.	Acute Poliomyelitis			
8.	Measles			
9.	Other infective and parasitic diseases			
10.	Malignant neoplasm, stomach	1	1	2
11.	Malignant neoplasm, lung bronchus	2	1	3
12.	Malignant neoplasm, breast		4	4
13.	Malignant neoplasm, uterus		3	3
14.	Other Malignant Disease	3	5	8
15.	Leukaemia, aleukaemia		1	1
16.	Diabetes			
17.	Vascular lesions of nervous system	4	8	12
18.	Coronary disease, angina	10	3	13
19.	Hypertension with heart disease	1		1
20.	Other heart disease	4	3	7
21.	Other circulatory disease	7	4	11
22.	Influenza	1	1	2
23.	Pneumonia	3	4	7
24.	Bronchitis		1	1
25.	Other diseases of respiratory system		1	1
26.	Ulcer of stomach and duodenum	1	1	2
27.	Gastritis, enteritis and diarrhoea			
28.	Nephritis and nephrosis	1		1
29.	Hyperplasia of prostate			
30.	Pregnancy, childbirth, abortion			
31.	Congenital malformations	1	1	2
32.	Other defined and ill-defined diseases	3	5	8
33.	Motor vehicle accidents	3		3
34.	All other accidents			
35.	Suicide	1		1
36.	Homicide and operations of war			
TOTALS		47	47	94

It will be seen from the table that the highest number of deaths were related to cardiac and circulatory diseases, Malignant disease and Vascular diseases of the Central Nervous System, which agrees with the National figures.

The death rate per 1000 estimated population = 10.2
 " " " " " " England and Wales = 11.6

The comparability factor, the ratio of the national to the local mortality = 1.00

Table VIII Gives details of deaths in Swaffham Rural District according to Age Groups (From returns submitted by the District Registrar)

Table VIII

Age Group	Male	Females	Total
Under 1 year	1		1
1 and under 5			
5 and under 10	1		1
10 and under 20	1	1	2
20 and under 30	1		1
30 and under 40	1	1	2
40 and under 50	3	1	4
50 and under 60	4	6	10
60 and under 70	9	11	20
70 and under 80	14	12	26
80 and under 90	11	13	24
90 and over	1	2	3
Total	47	47	94

Table IX gives details of the number of deaths from certain selected causes classed to age groups.

Table IX

Cause	Age Group									Total
	5-10	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+	
Road accidents	1	1			1					3
Coronary thrombosis					1	1	5	5	1	13
Cancer of Lung							3			3
Cancer other sites				1	1	4	5	7	1	19
Lymphatic leukaemia		1								1
Pneumonia and Bronchitis						1	2	3	2	8
Vascular diseases C.N.S.						1	7	2	2	12

Table X gives details of the number of deaths from certain selected causes during the past 5 years.

Table X

	1959	1958	1957	1956	1955
Tuberculosis, all sites	-	-	-	2	-
Bronchitis and Pneumonia	8	12	9	5	6
Other Notifiable infectious diseases	-	1	-	-	-
Road accidents	3	2	5	2	4
Pregnancy, Abortion and Childbirth	-	-	-	-	-
Cancer of the lung	3	7	1	2	2
Cancer, other sites	19	11	17	11	9

The number of deaths from road accidents is still a matter of concern. 2 of the deaths were under 20 and could have been avoided in all cases.

INFECTIONS DISEASES

It is debatable whether the number of notifications is accurate, especially those figures for measles and there would appear to be in my opinion, grounds for revising the number of notifiable diseases.

With the development of modern antibiotics, diseases such as scarlet fever, pneumonia and measles to name but three, have lost their importance.

Similarly it has been suggested that Rubella, Mumps and Chickenpox should be added to the list. There is no doubt that Rubella can be harmful to the foetus if contacted by the mother during pregnancy. It would appear that it might be justifiable to allow young girls to contract the disease before marriage so that they develop an immunity. Mumps can in rare cases, present complications and the only danger with regard to chickenpox is that it can be confused with smallpox. Where the situation arises, chickenpox is made notifiable. Notification would best serve its purpose if it were strictly limited to those diseases where practical preventive measures to protect the health of the community could be applied.

Table XI gives details of the Notification of infectious diseases in 1959 by ages.
Table XI

Disease	under 1 yr	1-5	5-10	10-15	15-25	25-45	45-65	65+	Total
Tuberculosis,all sites						1	2		3
Cerebrospinal fever	1								1
Scarlet Fever		20	4						24
Pneumonia						2	1	1	4
Food Poisoning						1			1
Measles		50	52	11	1	1			115
Whooping Cough		5	2						7
									155

The source of the one case of food poisoning could not be identified. The patient was a serviceman who developed the illness during his leave at Portsmouth.

Table XII Infectious Diseases notified during the past five years.

Disease	1959	1958	1957	1956	1955	Total
Tuberculosis all sites	3	3	2	1	1	10
Cerebrospinal Fever	1	-	-	-	-	1
Scarlet Fever	24	2	4	12	9	51
Whooping Cough	7	4	65	5	-	81
Erysipelas	-	1	1	-	1	3
Ophthalmia Neonatorum	-	-	-	-	-	-
Dysentery	-	1	-	-	-	1
Measles	115	35	131	88	43	412
Paralytic Polio	-	1	2	-	4	7
Pneumonia	4	3	2	9	12	30
Food Poisoning	1	-	-	2	-	3
Infective Hepatitis	-	1	5	1	-	7
Puerperal Pyrexia	-	-	-	2	1	3
Totals	155	51	212	120	71	609

Table XIII Infectious Diseases in 1959 by months of notification

Table XIII

Disease	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Tuberculosis all sites		1						1	1				3
Cerebrospinal Fever				1									1
Scarlet Fever	7	4	6		1	2	2		2				24
Pneumonia		1	2		1								4
Food Poisoning							1						1
Measles		9	18	2	12	46	28						115
Whooping Cough									2	1		4	7
Total.													155

Yours obediently,

N.T.W. POVER

Medical Officer of Health

ANNUAL REPORT OF PUBLIC HEALTH INSPECTOR
for 1959

Mr. Chairman,
Ladies and Gentlemen,

I submit hereunder my Annual Report for the year ending 31st December, 1959.

1. RECORD OF INSPECTIONS

Drainage & Sewerage	125
Housing	373
Refuse Collection and Disposal	48
Food Premises	126
Water Supplies	73
Infectious Disease	21
Moveable Dwellings	31
Factories	10
Rat Infestation	27
Milk & Dairies	13
Verminous Premises	5
Miscellaneous	49
	<hr/>
	901

2. COMPLAINTS & NUISANCES

13 reported nuisances were investigated during the year and abatement secured by informal action. The majority of these reported nuisances were primarily the result of neighbours' quarrels, each side trying to aggravate the other.

3. HOUSING

The condition of houses generally throughout the district has improved, the back-log of repairs occasions by the lack of supplies in the war and immediate post-war years having been made up. Many houses have become owner-occupied with the consequent improvement of appearance occasioned by pride of ownership.

15 Notices of Time and Place under the Housing Act 1957 were served on owners of property and subsequently 14 Demolition Orders and one Closing Order were made.

14 houses were demolished during the year. 4 of these were demolished by the Council in default of the owners.

The Council brought proceedings against the joint owners of a cottage which was subject to a demolition order and which was allowed to become re-occupied, resulting in a fine of £5 each. The cottage in the meantime had become vacant once again.

Interest in the improvement of houses with the aid of Improvement Grants continued and investigation was made during the year of preliminary enquiries relating to 61 houses. Discretionary grants totalling £4502 were approved for the improvement of 21 houses and Standard Grants were approved in respect of improvements to 8 houses.

4. WATER SUPPLIES

Samples of water from the Council's piped supplies continued to be taken at regular intervals. In all, 51 samples were taken and upon bacteriological examination 41 proved to be of a standard of purity suitable for a public supply - 8 were below standard, and 2 suspicious. Six sub-standard samples came from the Narborough supply where after washing out and chlorination of mains a high standard of purity was re-attained.

A mains supply of water is available to the whole district with the exception of isolated houses and groups of houses and in some of these cases there are private piped supplies.

Six samples were taken from private sources, three proving to be satisfactory and three unsatisfactory.

5. INFECTIOUS DISEASE

No case of Poliomyelitis was reported during the year.

Reported cases of Scarlet Fever were investigated mainly to ascertain any connection of patients or contacts with food production.

Disinfection was carried out following the removal of a Tuberculosis patient to hospital.

Four cases of Anthrax in cattle were reported and contacts interviewed, the destruction of carcasses and disinfection of premises being carried out under the supervision of the Police.

6. DISINFESTATION

Disinfestation was carried out at five houses. Two related to invasion by ants, two to wasp nests in roof spaces, and one to cluster flies in the roof.

7. SEWERAGE

Sewerage schemes serving the villages of Necton and Holme Hale were completed during the year and work was commenced on laying sewers in the villages of Ashill and Cockley Cley.

Thus, at the end of the year, the villages served by a public sewer were Great Cressingham, Hilborough, Holme Hale, Mundford, Necton, North Pickenham, South Pickenham, Saham Toney, Sporle and Weeting.

Housing sites and private houses not connected to the public sewer and served by septic tanks have been attended to by the cesspool emptying service. During the year the Council decided to give one free service a year to owners of houses incapable of being connected to a sewer. Otherwise, the charge made remained the same at 35/- for the first load and 20/- for any subsequent load on the same day.

307 visits to private properties were made during the year.

8. PUBLIC CLEANSING

Refuse collection continued to be carried out by contract but as from April collections were made fortnightly instead of monthly. Consequently complaints of infrequency of collection have abated.

At the commencement of the increased service the volume of refuse per collection decreased considerably, but by the end of the year, as much refuse was being collected every two weeks as had previously been collected in a month.

Seven pits continued to be used for disposal purposes and were treated from time to time for minor rat infestation and with a tip dressing against multiplication of insects.

Anti-litter posters were displayed throughout the district and on Council vehicles.

15 litter baskets were provided in various villages and emptied regularly.

9. FOOD

Food premises operating in the district during the year numbered 76, and consisted of :-

38	General Stores
3	Butchers Shops
1	Fried Fish Shop
1	Wet Fish Shop
3	Bakehouses
2	Cafes
28	Public Houses

126 visits were made to food premises during the year and in many cases faults in hygienic practices pointed out. The main cause of complaint was the display of unwrapped food on the counters where it could be touched and breathed, coughed and sneezed upon by shopkeeper and customer alike.

Shopkeepers are still prone to smoke whilst serving, causing their hands to pass from their mouths to the commodity being sold and the cleanliness of hands, particularly finger nails, sometimes leaving much to be desired in spite of washing facilities being available.

The public seem to tolerate these lapses and allow them to pass unquestioned, but if customers would be more vocal in their disapproval of unhealthy practices,

either to the offender or to the Council's officers, I am sure the results would be far more satisfactory than those achieved by routine inspections. A talk on food hygiene given to a meeting of a women's organisation in one of the villages met with a mixed reception but at least provoked discussion. In the main it seemed that television sets were preferred to refrigerators!

10. MEAT INSPECTION

There are no slaughterhouses in the district but meat was inspected at slaughterhouses in the Borough of Thetford for three weeks on the occasion of the absence of the Public Health Inspector to that authority.

11. MILK AND DAIRIES

During the year The Milk and Dairies (General) Regulations 1959 came into force under which it became necessary to register only milk distributors carrying on a business from premises within the district and premises used for that purpose.

9 Milk Distributors and Premises are so registered and regular inspections have been made.

One case of a dirty milk bottle being used to deliver milk to the consumer was brought to the notice of the Council but after hearing a report of the officer of the Authority responsible for inspection of the bottling plant, it was decided that a warning be given.

12 Dealers' Licences to sell milk under the Special Designations "Pasteurised" and "Tuberculin Tested" were issued during the year and four for "Sterilised". In addition, Supplementary Licences to sell milk in the district as "Tuberculin Tested" and "Pasteurised" were issued to 6 holders of licences issued by neighbouring authorities.

12. ICE CREAM

No ice cream is manufactured in the district. 26 shops are registered under Section 16 of the Food and Drugs Act 1955 for the sale of ice cream and in all cases, only wrapped varieties are sold.

48 samples were taken during the year of which 46 were reported as being Provisional Grade I and two Provisional Grade II.

13. MOVEABLE DWELLINGS

9 licences to station trailer caravans on sites within the district were granted during the year. All related to single caravans and 8 of these were for permanent residential use. In each case the proposed number of occupants was considered before a licence was granted as it had been noted that caravans on sites provided on military establishments, and thus outside the jurisdiction of the Council, had been used to accommodate comparatively large families.

It seems incongruous that a caravan can be designed as a living van to accommodate four or more persons when a dwelling house of the same area would barely have a permitted number of two persons under the Housing Act.

14. RODENT CONTROL

One complaint of major rat infestation was received and was attended to by the owner of the property. In cases of minor infestation Warfarin bait was laid and a supply made available to the householder for the treatment to be continued.

All refuse disposal points were treated with Warfarin bait during the year, and no major infestation occurred.

Private operators cover most of the district.

PREScribed PARTICULARS ON THE ADMINISTRATION
OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
i. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
ii. Factories not included in (i) in which Section 7 is enforced by the Local Authority	14	10	-	-
iii. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
Total...	14	10	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted. (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	1	1	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-

Particulars (1)	Number of cases in which defects were found		Referred to H.M. : By H.L. Inspector Inspector		Number of cases in which prosecutions were institu- ted (6)
	Found (2)	Remedied (3)	(4)	(5)	
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-work)	-	-	-	-	-
Total..	1	1	-	-	-

Yours obediently,

D.B. FOXWELL

Public Health Inspector

ANNUAL REPORT OF THE SURVEYOR

Mr. Chairman,
Ladies and Gentlemen,

I have pleasure in submitting the following part of the Annual Report of the Medical Officer of Health :

1. WATER SUPPLIES

The district is divided into two areas for the purpose of water supplies.

- (a) The Eastern area which has a comprehensive scheme with its headworks at Bradenham. This scheme is supplied from duplicate bores 350 feet and 400 feet deep respectively and the water in its raw state is hard and rather heavily charged with iron. Before delivery to the mains the water is softened and the iron removed in one process of lime softening known as the Spiractor method. Hardness is reduced from 410 p.p.m. to 140 p.p.m. and the 2.5 p.p.m. iron content is removed.

Bacteriological sampling indicates a consistent high standard, although before passing to service the final treated water is chlorinated by an automatic gas chlorinator.

The Parishes supplied from this source are Bradenham, Ashill, Holme Hale, Necton, North Pickenham, South Pickenham, Saham Toney and Sporle. Water is also sold in bulk to Mitford and Launditch Rural District Council for their parishes of Little Dunham and Shipdham, and it is anticipated that further supplies will be required by them for the Great Dunham area.

The total normal daily demand upon this source by the above parishes is now approximately 150,000 gallons per day. This shows an increase of 20,000 gallons per day over last year. During the dry summer periods the daily consumption rose to approximately 220,000 gallons per day.

- (b) The Western area, which is less densely populated, is supplied with untreated water from a series of small headworks in each village. Water from these sources is hard but little or no iron content.

Consumption in this area during the year was as follows :-

	<u>Normal</u> <u>g.p.d.</u>	<u>Summer</u> <u>g.p.d.</u>
Beachamwell and Gooderstone with one headworks at Gooderstone	14,000	23,000
Cockley Cley	3,000	5,000
Cressingham Little	10,000	18,000
Cressingham Great	4,000	7,000
Foulden	3,000	6,000
Hilborough	3,000	5,500
Mundford	24,000	45,000
Narborough	16,000	28,000
Oxborough	4,000	7,000
Weeting (supplied in bulk from Mildenhall R.D.C.)	20,000	38,000
	<u>101,000</u>	<u>182,500</u>

The amounts shown in the second column indicate consumption during peak periods in hot weather during the summer months.

From the foregoing it will be seen that the total water supplied in the whole district during normal times is 251,000 gallons per day, and that this figure went up to approximately 402,500 gallons per day in dry hot weather.

2. HOUSING

During the year 4 new Council bungalows were completed and let. This makes a total of 950 houses and bungalows owned by the Council.

In addition to these dwellings, there are in the parish of Weeting, 9 converted hutments still in use as living accommodation. These are gradually being replaced by new bungalows.

24 pre-war Council houses were modernised during the year.

Private enterprise building has increased, and 46 new dwellings were completed in 1959.

Yours obediently,

E.M. JENKINS

Surveyor

